

January 27, 2014

Montana Health Care Programs Notice

Physician, Mid-Level, and Pharmacy Providers

Effective February 27, 2014

SmartPA[®] Prior Authorization for All Preparations to Treat Head Lice

Approval Criteria: Beginning February 27, 2014, head lice treatment will be authorized for its FDA-approved indication.

- Covered over-the-counter (OTC) lice treatment medication must be used first. If the member has tried an OTC lice treatment in the past 34 days and the infestation has not resolved, a prescription product may be prior authorized.
- The prescription product Spinosad will be limited to one 120-gram bottle per member and Ivermectin will be limited to one 117-gram bottle per member.

If a claim denies for prior authorization and the prescriber or pharmacist wants to pursue obtaining a prior authorization, he/she may submit a request by mail, telephone, or fax to the Medicaid Drug Prior Authorization Unit.

The Request for Drug Prior Authorization Form is available on the [Forms page](#) of the Montana Medicaid Provider Information website.

Contact Information

Drug Prior Authorization Unit
Mountain-Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
406.443.6002 or 1.800.395.7961 (Phone)
406.513.1928 or 1.800.294.1350 (Fax)

If you have questions regarding this provider notice, please contact Dave Campana, R.Ph., at 406.444.5951 or dcampana@mt.gov, or Katie Hawkins at 406.444.2738 or khawkins@mt.gov, or the Medicaid Drug Prior Authorization Unit at 406.443.6002.

For claims questions or additional information, contact Provider Relations at 1.800.624.3958 (toll-free, in/out of state) or 406.442.1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com. Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.